

Oklahoma Alternative Fuels Vehicle Inspection Report

Alternative Fuels Program www.labor.ok.gov

Melissa McLawhorn Houston, Commissioner

OKLAHOMA DEPARTMENT OF LABOR

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M-F 8:00am-4:30pm

DATE OF REPORT:				DATE OF CO	DATE OF CONVERSION:					
VEHICLE INFORMATION										
Vehicle Owner Name:					VI	VIN #:				
Year:	Year: Make:					Model:				
Tag #:			Mileage:							
Contact Email Address:			Contact Phone Number: ()							
INSTALLER INFORMATION										
Business Name:			Certificate #:							
Technician Name:					Certificate #:					
FUEL SYSTEM INSPECTION – NFPA COMPLIANCE										
Component		Pass	Fail		Reason for Failure					
Refill Receptacle/Valve										
One Way Check Valve (as required)										
Cylinder/Tank Brackets/Mounts										
PRD or Valve and Vent Line										
Cylinder/Tank Valve Bagging (as required)										
Cylinder/Tank Cover (as required)										
High Pressure Tubing/Hose										
Low Pressure Tubing/Hose										
Fuel Line Grommets										
¼ Turn Valve (as required)										
NC Electronic/Manual Valve										
Bleeder Valve (as required)										
Fixed Liquid Level Gauge (as required)										
Lock Off Valve										
Regulator										
Coolant Hoses/Clamps										
Fuel Gauge (if equipped)										
Fuel Injector(s) and Rail										
Other Components:										

LABE	LING INSPECT	ION – NF	PA AND OAC 580:55 COMPLIANC	 E							
Label		Fail	Summarize Findings								
Under Hood											
Fill Receptacle (as required)											
Manual Shut Off											
CNG/LPG Diamond											
Cylinder(s) or Tank(s)											
CYLINDER/TANK IDENTIFICATION (ATTACH ADDITIONAL SHEET IF NEEDED)											
Identification	Containe	r 1	Container 2	Container 3							
Manufacturer											
Serial #											
Build Date											
Expiration Date (as required)											
Water Volume											
MAWP (as required											
Comments:											
Inspector Name			Inspector Signature	 Date							
mspector Name			mapector aignature	Date							

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